

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-020866

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 236

Primary Registration District No. 4352

Registrar's No. 49

FILED JUN 10 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>MORGAN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>KANSAS</b> b. COUNTY <b>WYANDOTTE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>VERSAILLES</b>		Length of stay in 1b <b>2 days</b>	c. CITY OR TOWN <b>KANSAS CITY</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Gunn Clinic</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>2108 N 47th St</b>
3. NAME OF DECEASED (Type or print) First <b>Amy</b> Middle <b>L.</b> Last <b>HARRIS</b>		4. DATE OF DEATH Month <b>JUNE</b> Day <b>8</b> Year <b>1963</b>	
5. SEX <b>FEMALE</b>	6. COLOR OF RACE <b>White (Cauc)</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>JUN 4-63</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) IF UNDER 1 YEAR Months Days Min. <b>14</b>
11. BIRTHPLACE (City and state or country) <b>VERSAILLES MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>STEVEN HARRIS</b>		13b. MOTHER'S MAIDEN NAME <b>MARY LOU MOORNING</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>STEVEN HARRIS</b> Address <b>K.C., Kans</b>	
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardio respiratory failure</b> DUE TO (b) <b>Pneumonia</b> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <b>3</b> a.m. p.m. Month, Day, Year <b>June 8, 1963</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>June 4, 1963</b> to <b>June 8, 1963</b> and last saw her alive on <b>6-5-63</b> Death occurred at <b>3:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Amy L. Harris</b> (Degree or title)		22b. ADDRESS <b>Versailles, Mo.</b>	
22c. DATE SIGNED <b>6-5-63</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>6-6-63</b>	
23b. DATE		23c. NAME OF CEMETERY OR CREMATORY <b>K.C. Kansas</b>	
23d. LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR <b>Kidwell Fun'l Home - Versailles, Mo.</b> ADDRESS <b>6-6-63</b>	
25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE <b>J. L. Washburn</b>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

*Not Embalmed*

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed by me,~~

~~or by~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

~~working under my personal supervision.~~

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Gene L. Bartram*

Licensed Embalmer No. *4021*

P. O. Address *Versailles, MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.